**Medical Information Form**

**This form must be FULLY completed.**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

~~Social Security Number~~ \_\_\_N/A\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church First Presbyterian Church of Whippany Church Phone 973-887-2197

Church Address 494 Route 10 City Whippany St NJ Zip 07981

Personal Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insured ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescription Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency contact:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication(s) you cannot take\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication you are currently taking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These medications are to be administered by (circle one): Self /Contact Person/ Staff

Allergies / special health problems or concerns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a current tetanus shot? Yes /No If yes, indicate date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If no, we encourage you to get one before you come.

**ALL THREE PAGES MUST BE KEPT IN THE VEHICLE IN WHICH**

**YOU ARE TRAVELING AT ALL TIMES**

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**Statement of Activities and Release Form**

**This form must be FULLY completed.**

Youth Service Ministry (YSM) at Mountain T.O.P. is a Christian Service ministry to the people of the Cumberland Mountains in Tennessee. Volunteers participating in the activities of this ministry will be expected to be involved in all activities and to respect the people of the Cumberland Mountains at all times.

Volunteers will participate in (but will not be limited to) yard work, porch and steps repair, flat roof painting and repair, outhouse construction, winterization projects, painting, cleaning, insulation, window repair/replacement, and other minor home repairs as need determines and are within the capability of the volunteer service team. These activities include may include the use of hand tools and the handling of materials and supplies. Power tools will only be used under the direct supervision of an adult and then only if the individual has the necessary skills to appropriately handle the power tool. Participants are never forced or required to engage in any work or activity in which they feel they are not able to participate safely.

YSM participants understand that photos and video may be taken during the course of the camp week that may be used by Mountain T.O.P. in the future promotion of our ministries and programs.

Participants are expected to follow all guidelines of participation, philosophies, and expectations set by the organization and camp staff. Participants are expected to follow all camp guidelines, philosophies, and expectations set by the ministry and camp staff. Examples of unacceptable behavior include sneaking out after lights out, violating the tobacco policy and other Mountain T.O.P. policies, going to places in the area which have been identified by camp staff as dangerous, and being disruptive to the camp life.

We acknowledge that every effort has been made in preparing the participants for this mission experience. We therefore release Mountain T.O.P., Incorporated, its agents, employees, and any and all persons connected therewith from any and all liability, claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of the Mountain T.O.P. mission project.

Further, consent/permission is given for (participant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be treated by competent medical personnel in the event of an accident or medical emergency and to receive reasonable medical treatment as deemed necessary by a licensed physician.

In the event treatment is called for which a physician and/or other professional health care provider in the hospital/clinic refuses to administer without my consent, we hereby authorize:

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Adult Group Leader (Print full name): Joanne Joy Willans

*and*

MTOP Camp Director (Print full name): Jane Lannom

to give such consent for us in the event that we are not readily accessible by phone. If in the event it becomes necessary for either of the identified persons to give consent for us, we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from giving such consent. We understand that Mountain T.O.P. requires proof of personal insurance or acknowledgement of financial responsibility for all medical expenses. We agree that our insurance company (if applicable) will be used for all necessary medical expenses and we are aware that we may be billed by the medical provider for any medical expenses not covered by our personal insurance policy and will be responsible for payment of those expenses.

This is the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20­­19\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Participant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Parent or Guardian if participant is a minor)

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**THIS FORM MUST BE NOTARIZED for anyone under the age of 18:**

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public signature

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public seal or stamp required.

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